



JOHN ELIAS BALDACCI
GOVERNOR

STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
Board of Funeral
35 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0035

ANNE L. HEAD
DIRECTOR

REQUEST FOR CONTINUING EDUCATION APPROVAL

A copy of this form is to be submitted with all requests for approval of continuing education programs. Please provide course materials/syllabus including a course description that clearly describes the content of the course, course materials/syllabus including a summary outline of major topics w/ the number of classroom hours devoted to each major topic and instructor's qualifications. A separate form must be submitted with each request.

WAS THIS PROGRAM/COURSE APPROVED BY THE ACADEMY OF PROFESSIONAL FUNERAL SERVICE PRACTICE?

☐ Yes ☐ No

If yes, then please send a copy of the approval letter with ceu course information.

WAS THIS PROGRAM/COURSE APPROVED BY ANY STATE FUNERAL BOARD OR STATE LICENSING AUTHORITY?

☐ Yes ☐ No

If yes, then please send a copy of the approval letter with ceu course information.

Part I: This part must be completed by the program attendee or program sponsor

NAME OF ATTENDEE OR PROGRAM SPONSOR REQUESTING APPROVAL: _____

ADDRESS: _____ TELEPHONE: _____

PROGRAM TITLE: _____

PROGRAM LOCATION: _____ PROGRAM DATE: _____

REQUESTED NUMBER OF CONTINUING EDUCATION UNITS: _____

Part II: This part will be completed by the Funeral Service Board's Continuing Education Committee.

Your request has been reviewed by the Continuing Education Committee and has been approved/denied for the following reason(s):

_____ APPROVED AS SUBMITTED FOR _____ CEUs

_____ ADDITIONAL INFORMATION IS REQUIRED (SEE REMARKS)

_____ DENIED AS SUBMITTED FOR _____ CEUs

_____ NUMBER OF CEUs APPROVED _____

REMARKS: _____

EDUCATION COMMITTEE MEMBER: _____ DATE: _____



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